

01/22/2004 14:57 FAX 9086547866

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000530 7590 10/24/2003

**LERNER, DAVID, LITTENBERG,  
KRUMHOLZ & MENTLIK  
600 SOUTH AVENUE WEST  
WESTFIELD, NJ 07090**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

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(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/911,039	07/23/2001	Thor W. Nilsen	POLYPROBE 3.0-017 CTP CON	3228

TITLE OF INVENTION: OPTIMALLY LABELED OLIGONUCLEOTIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/26/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
RILEY, JEZIA	1637	435-006000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **LERNER, DAVID, LITTENBERG,**  
2. **KRUMHOLZ & MENTLIK, LLP**  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Poly Probe, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Philadelphia, Pennsylvania**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies **13**

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **12-1095** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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**1/22/04**

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**01/23/2004 AWONDAF2 00000079 121095 09911039**

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02 FC:1504	300.00 DA
03 FC:8001	39.00 DA

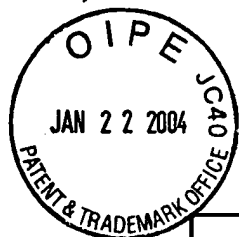
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PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.

OMB 0651-0033

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PAGE 2/2 \* RCVD AT 1/22/2004 2:57:05 PM [Eastern Standard Time] \* SVR:USPTO-EFXXRF-2/0 \* DNIS:7464000 \* CSID:9086547866 \* DURATION (mm-ss):00-54



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**FACSIMILE TRANSMISSION  
ISSUE FEE TRANSMITTAL  
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**ATTORNEY DOCKET NO.: POLYPROBE 3.0-017 CIP CONT CONT**

**APPLICATION NO.: 09/911,039**

**CONFIRMATION NO.: 3228**

**MAILING DATE OF NOTICE OF ALLOWANCE: October 24, 2003**

**FAX NUMBER: (703) 746-4000**

**PAGES INCLUDING COVER SHEET: 2**

**PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (908) 654-7866.**

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on January 22, 2004  
Date

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